

**PLEASE USE THE FOLLOWING
FORM TO REGISTER BY MAIL:**

Make checks payable to:

TRUMBULL RECREATION

Mail to:

**TRUMBULL RECREATION
5892 MAIN STREET
TRUMBULL, CT 06611**

**Credit Card Charges:
\$5.00/per transaction fee**

**ALSO, PLEASE USE 1 FORM PER
PERSON AND WE WILL CONTACT YOU
WITH A CONFIRMATION. ALL
ACTIVITIES ARE FILLED ON A FIRST
COME FIRST SERVE BASIS. ANY
QUESTIONS FEEL FREE TO CALL 452-5060.**

TRUMBULL RECREATION DEPARTMENT
REGISTRATION FORM

Last Name Participant Name Parent Name

Address City State Zip

Home Phone Cell Phone Emergency Phone

Grade in Fall School Date of Birth E-mail address

Medical info. in case of emergency: _____
(Please attach a copy of child's Birth Certificate if required).

Code Sec Program Description Cost

CREDIT CARD # EXP. DATE NAME AS IT APPEARS ON CARD

NO AMERICAN EXPRESS CHARGES.

By my signature, I hereby assume all risks of personal injury involved in this activity. I do hereby release the Town of Trumbull, the Recreation Department and the staff of all liability for any injury which may occur.

Signature: _____ Date: __/__/__